BCHealthGuide

BC HealthGuide Program
Health Care Provider Workshop

Participant Workbook

BCHealthGuide | BCHealthFiles | BCHealthGuideOnLine | BCNurseLine

www.bchealthguide.org

103-03925/

Acknowledgements

Thank you for participating in the BC HealthGuide workshop.

This interactive workshop will walk you through the **BC HealthGuide Program**, and answer any questions you may have about how to implement it in your own practice. We appreciate the support you have shown today.

The **BC HealthGuide Program** is endorsed by the BC Medical Association, the Registered Nurses Association of BC, the College of Family Physicians and the College of Pharmacists of BC.

The model for the **BC HealthGuide Program** is based on those of *Healthwise Incorporated*, a nonprofit organization that has provided consumer health education since 1975.

The workshop strategy is implemented by:
Indaba Communications and Training Inc. and Patricia M. Gauchie Consulting.

For more information about the **BC HealthGuide Program** and to order additional material please contact:

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Funding for the workshop program has been kindly provided by Janssen-Ortho Inc.

JANSSEN-ORTHO

The BC HealthGuide Program

Program Purpose

To give British Columbians the tools they need to make better health decisions.

Vision

British Columbians, in partnership with their health care providers, will be the most informed and empowered health care consumers in Canada. The **BC HealthGuide Program** will be integrated into each contact the patient or health care provider has within the health care system.

Program Objectives

- To improve consumer access to timely and accurate health information and advice.
- To expand consumer knowledge in managing personal health risks and conditions.
- To alleviate pressure on emergency and physician services due to inappropriate use.
- To reduce costs due to inappropriate use of the health care system.

Background

As early as 1993, discussions between doctors and the BC government identified the need for public education about the health care system. In response to this need, a two-year pilot project (November 1997 - March 2000) entitled ***Partnerships For Better Health***, was developed in the Capital Health Region. The project tested the value of health education resources, accessible from home, in enhancing participants' health information and skills.

The evaluation results indicated:

- A high gain in participants' knowledge, confidence and skills
- An enhanced participation in health care discussions with doctors and better informed health decisions
- A reduced number of visits to hospital emergency rooms for time-limited acute symptoms such as colds, flu, sprains and other common health problems
- That consumer education can be easily integrated into the health care system as a legitimate and valuable part of primary health care

The **BC HealthGuide Program** is based on this innovative and highly successful pilot project.

In addition, an emphasis on multi-stakeholder involvement and management has involved physicians from the start and ensured that BC physicians, nurses and pharmacists are aware of the program. It also creates and maintains partnerships with all of these service providers and models an interdisciplinary team approach to health care delivery.

The **BC HealthGuide Program** is endorsed by the BC Medical Association, the Registered Nurses Association of BC, the College of Family Physicians and the College of Pharmacists of BC.

Resources/Services

The **BC HealthGuide's** comprehensive program provides around-the-clock access to health information which is continuously updated and customized to promote BC clinical guidelines. The program incorporates the following:

- **BC HealthGuide Handbook** provides practical, easy-to-read information about common health questions and concerns such as prevention care, home treatment options and clear advice on when to seek help from a health professional. The Handbook was extensively reviewed by health professionals in BC and Canada and delivered free of charge to 1.6 million British Columbians in the spring of 2001. The **BC First Nations Health Handbook**, a companion piece, was developed in partnership with the First Nations Chiefs' Health Committee. It was released in January, 2003.

- **BC NurseLine** provides British Columbians with toll free telephone access to specially trained, knowledgeable registered nurses 24 hours a day, 7 days a week. Nurses answer any health questions and help determine when to seek further assessment and advice. It has received over 200,000 calls between April 8, 2001 and December 31, 2002. This has resulted in 5,490 emergency room visits avoided or visit intentions downgraded to less costly health services and 10,917 physician visits avoided or visit intentions downgraded to less costly health services.

- **BC HealthGuide OnLine** is a website that expands on the information and topics covered in the BC HealthGuide Handbook. It provides Internet access to an authoritative, comprehensive health knowledge base that provides up-to-date health information. The web-knowledge base of 35,000 pages provides comprehensive, continually updated and practical advice. It has received over 400,000 hits from British Columbians.

- **BC HealthFiles** is a series of over 120 one-page, easy-to-understand fact sheets about a wide range of public and environmental health and safety issues. The fact sheets are available in the province's 120+ health units and departments and certain other offices (Government Employee Health Services, Native Health Centres, physicians offices/clinics and Nursing Stations). The BC HealthFiles are also available on the web at: www.bchealthguide.org/healthfiles.

BC is the first province to implement a fully integrated program like this. Based on a model started in the U.S. called **Healthwise**, the **BC HealthGuide Program** has been completely customized to work within the Canadian health care system.

For over a quarter of a century, Healthwise, a nonprofit organization based in Boise, Idaho, has helped people stay healthy and do a better job of taking care of their health care problems. It has the most current comprehensive database available.

Information from Healthwise has been customized to meet BC's needs. The content reflects the current BC and Canadian health care system and the program is continuously updated and customized to promote BC clinical guidelines. For example, all content is reviewed medically for clinical accuracy and new Canadian topics are introduced every three months into the knowledge base found on the BC HealthGuide website and used by the nurses on the BC NurseLine. This 'Canadianization' will be completed within two years. In addition, the Handbook has "info slashes" (blue stars entitled **more info**) which guide the user to BC HealthGuide OnLine for additional information.

Key Concepts and Principles

Several key concepts and principles provide the basis for the **BC HealthGuide Program**:

- **Empowerment** - Even though health care consumers are capable and motivated to take an active role in self-care and to take charge of minor health problems and partner with their health care providers in decisions about their health, they may not feel empowered to do so. Several well established norms and practices that govern the roles and relationships between health care providers and consumers contribute to this feeling. The **BC HealthGuide Program** recognizes the needs and rights of consumers and offers a comprehensive way for British Columbians to empower themselves on health issues. In general, people who participate in making health decisions are happier with the care they receive and the results they achieve.
- **Self-care** - Self-care is what people do to recognize, treat and manage their own health problems. Often this is an overlooked level of care. The **BC HealthGuide Program** suggests ways to improve self-care skills at home and to ensure appropriate health care assistance.
- **Primary Care and Primary Health Care** - It is important to make a clear distinction between primary health care and primary care. Primary care is the first point of contact with a health care provider for diagnosis, treatment, and follow-up for a specific health concern. Primary health care encompasses primary care but is a broader concept incorporating prevention, community development, a wide range of community programs and services, interdisciplinary teams and broad action on health public policy. According to the World Health Organization (WHO), primary

health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost the community and country can afford.

Primary Health Care Principles

The **BC HealthGuide Program** supports primary health care with its **five principles** as the foundation of a sustainable health care system.

1. **Accessibility** - A continuing and organized supply of essential health services is available to all people with no unreasonable geographic or financial barriers.
2. **Public Participation** - Individuals and communities have the right and responsibility to be active partners in making decisions about their own health care.
3. **Health Promotion** - The process of enabling people to increase control over, and to improve their health.
4. **Appropriate Technology** - Includes methods of care, service delivery, procedures and equipment that are socially acceptable and affordable.
5. **Intersectoral Co-operation** - Commitment from all sectors (government, community and health) is essential for meaningful action on health determinants.

Canada Health Act

The **BC HealthGuide Program** endorses the principles of the *Canada Health Act*. These include universality, comprehensiveness, accessibility, portability and public administration. Several of these principles underpin the **BC HealthGuide Program**.

Interdisciplinary Service Delivery

The **BC HealthGuide Program** supports an interdisciplinary approach to health care practice. Health care professionals work as equal partners with other members of the health care team, creating and maintaining partnerships with all service providers and modeling an interdisciplinary team approach to health care delivery.

Next Steps

The **BC HealthGuide Program** has received $1 million in sponsorship funds from Janssen-Ortho Inc. to raise health professionals' awareness of the program. It is anticipated that BC's health professionals will in turn encourage their patients to use the BC HealthGuide resources.

A current focus of the **BC HealthGuide Program** is to enable health care providers and consumers to make full use of the BC HealthGuide Handbook, the BC NurseLine, the BC HealthFiles and the BC HealthGuide OnLine services. Workshops have been developed and implementation is under way throughout the province to support this approach.

The first set of workshops is designed to prepare/train individuals to present the **BC HealthGuide Program** to health care providers and selected consumer groups.

Those who complete one of the Train the Trainer/Prepare the Presenter workshops will then be able to deliver workshops or presentations to groups of health care providers and/or selected consumer groups. The goal is to deliver 50 workshops or presentations around the province over a six-month period. This is now being implemented.

Overview
The Health Care Provider Workshop

The Health Care Provider workshop is an eleven-part, 60-minute interactive workshop.

1. Introduction
2. The Health Care System
3. Big Picture of the Health Care System
4. Promoting Self-Care and Empowerment
5. Understanding the BC HealthGuide Program
6. BC HealthGuide Handbook
7. Disagreement with the Handbook
8. BC NurseLine
9. BC HealthGuide OnLine
10. BC HealthFiles
11. Conclusion, Thanks and Evaluation

Workshop Goal

To enable you to help health care consumers be more active and involved in their health care through use of the **BC HealthGuide Handbook**, **BC NurseLine**, **BC HealthGuide OnLine**, and **BC HealthFiles**.

Notes:

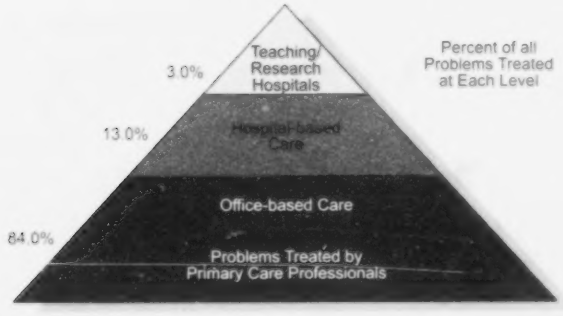
Health Care Consumer Continuum

Passive ⟷ Active

Dependent ⟷ Involved

Notes:

Big Picture of the Health Care System



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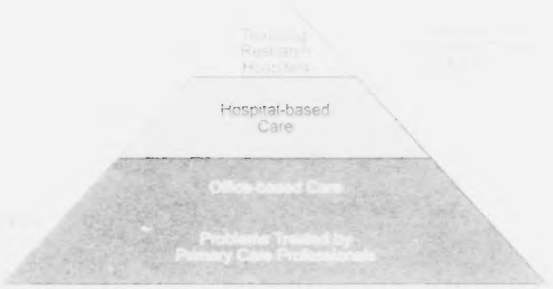

Notes:

The Health Care System Including Self-Care

Notes:

Definition of Self-Care

What people do to recognize, treat and manage their own health problems.

Notes:

Definition of Empowerment

To help patients or clients feel that they have the right, influence and/or permission to be more active in their health care decision making.

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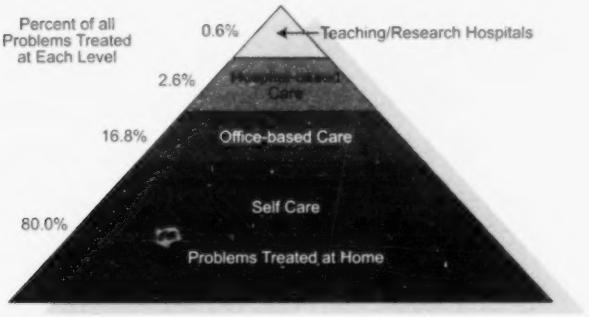

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Definition of Self-Care

What people do to recognize, treat and manage their own health problems.

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Definition of Empowerment

To help patients or clients feel that they have the right, influence and/or permission to be more active in their health care decision making.

Notes:

BC HealthGuide Program Objectives

- Expand consumer knowledge
- Improve consumer access to health information and advice
- Reduce pressure on emergency and physician services
- Reduce costs

Notes:

Vision

- British Columbians, in partnership with their health care providers, will be the most informed and empowered health care consumers in Canada. The **BC HealthGuide Program** will be integrated into each contact the patient or health care provider has with the health care system.

Notes:

BC HealthGuide Program

- **BC HealthGuide Handbook**, including a **BC First Nations Health Handbook**
- **BC NurseLine**
- **BC HealthGuide OnLine**
- **BC HealthFiles**

Notes:

BC NurseLine

- 24/7 service by phone
- Registered nurses handle calls from throughout BC
- Consistent information using evidence based software
- Services for the deaf and hearing impaired
- Translation services in 130 languages

Notes:

Readings

Demand Management

from Healthwise, Inc.

Demand management includes all efforts to reduce the **need** and **demand** for health care. Reductions in the **need** for care come from prevention, risk reduction and wellness programs. Reductions in the **demand** for care come from helping people make better medical decisions.

Healthwise® Demand Management Strategies focus on reducing **demand** by helping people determine when the value of a health care service is (or is not) worth the risk or cost, and by showing them what they can appropriately do for themselves.

These strategies work because they include the following elements people need to make better medical decisions:

Empowerment

People are empowered when they accept an active role in both self-care and medical decision-making. Healthwise® programs empower people and reduce costs. Healthwise® manuals are the centerpiece of empowerment programs.

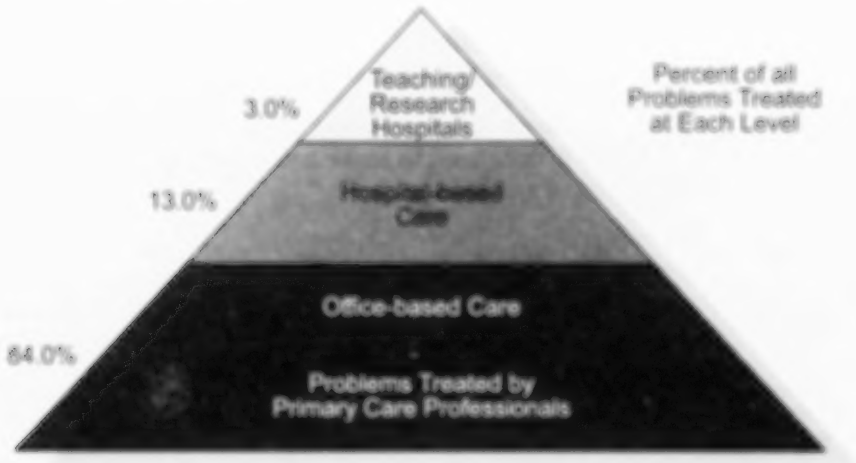
Partnership

Partnership occurs when people get support for their self-care efforts from their physicians and other health care professionals. Healthwise® programs build provider skills for encouraging shared decision-making and supporting member use of the manual.

Self-Care Overview
Health Care Delivery System [1,2]

from Healthwise Inc.

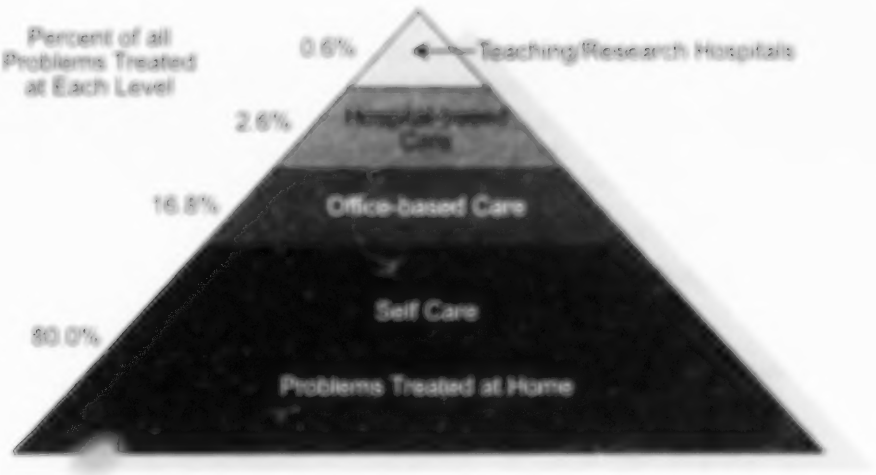
Health Care System *Excluding* Self-Care



Represented in this pyramid is the traditional view of health care delivery. In this model, most health problems are managed at the primary care level with referrals to specialty or super-specialty levels of care.

This view, however, does not fully depict the reality of health care delivery. According to research conducted in the United States, Great Britain and Australia, about **80%** of all health problems are managed at home by laypersons with no direct involvement of doctors or nurses[3].

Health Care System *Including* Self-Care



The revised illustration above incorporates self-care at the base of the pyramid. At the very foundation of the health care system are the consumers themselves. Patients and their families are the "hidden providers of health care."

Care and Cost Changes at Each Level

Consumers with resources and training to improve the quality of home care would significantly reduce costs at the office-based level of health care. Informed medical consumers would better manage health costs at the hospital-based level (i.e., out-patient, pre-admission review, decrease in emergency room usage, etc.).

Wellness and Self-Care

Wellness and self-care are closely related and yet, distinctively different. Both wellness and self-care are based on self-responsibility for health. Both motivate people to make changes. Both reinforce each other. Self-care programs, however, focus on health problems, while wellness programs do not. As a result, self-care programs usually have a more immediate impact on health care costs.

Implementation of self-care programs is low-cost and easy, and participants are enthusiastic. Unlike participation in fitness, stress or nutrition programs, self-care programs often involve 90-100% of employees[1]. In addition, self-care programs produce measurable benefits that are visible from day one. First year return-on-investment ratios average 2.5:1[2]. An added benefit is that self-care

Self-Care Overview
Health Care Delivery System

Health Care System *Excluding* Self-Care

Health Care System including Self-Care

programs invariably increase support for wellness and health promotion efforts.

Managed Care and Self-Care

Employers and managed care networks incorporate self-care education programs as part of their services to help people do a better job with the health problems that they handle by themselves. Programs to help providers support self-care and encourage shared decision-making enhance the success of self-care programs while building patient and provider satisfaction.

The health plans that succeed in the next decade and beyond will be the ones that develop the self-care and decision-making skills of their members.

Citations

[1] Demers, R.Y., Altamore, R., Mustin, H., Kleinman, A., Leonardi, D.: "An exploration of the dimensions of illness behavior." *The Journal of Family Practice 1980;* 11 (7) 1085-1092.

[2] Williamson, J.D., Danaher, K.: *Self-Care in Health.* London: Croorn Helm Publishing, 1978.

[3] Compiled from studies by: CIGNA Corporation, Hartford, CT; Comprecare, Denver, CO; Continental Health Promotion, Richmond, VA; California-based HMO; Employee Managed Care Corporation.

Search, Stroke and Support

from Healthwise Inc.

Ways Health Professionals Can Encourage Appropriate Self-Care and Shared Decision Making

At first ... **SEARCH**

Explore Self-Treatment/Self-Care/Self-Observation

- What you tried so far to treat or manage your symptoms.
- What has worked or not worked in the past for these symptoms?
- What are your ideas or hunches about what might be causing your symptoms?

Investigate Adherence

- Sometimes it is difficult to remember to take medications. Have you found this a problem?
- Have you had the opportunity to use the home blood pressure cuff?

Invite Patient Involvement in Problem Solving

- What ideas can you think of to help you remember to take your medications?
- What do you think you could do to help relieve the family/work stress?
- What have you done to learn more about high blood pressure?

And then ... **STROKE** ***by "stroking" patient's efforts***

Praise Helpful Self-Observation and Self-Treatment

- I agree with you on what might be causing your symptoms. The information you have provided has been very important to a correct diagnosis of your problem.
- If similar symptoms develop, I want you to especially observe if such and such happens (numbness in fingers, child tugging at ears, etc.
- The things that you are doing to treat your problem are right on target. Just keep it up. It will take a little more time.

Validate Good Intentions and Redirect Self-Care Behaviour

- I know you want to try to help your symptoms, but (taking leftover antibiotics, using alcohol rubdowns, etc.) may not be the most effective way for the following reasons.... Instead I recommend x, y, and z and the home treatment advice in the *BC HealthGuide Handbook*.
- You must really want to learn all about osteoporosis to have done so much Internet research from so many web sites. It is important to look for information from a credible source with a "seal of approval" from an accrediting agency.

And finally ...* SUPPORT *by reinforcing use of Handbook

Invite Patient Participation and Choice

- There are several ways we can approach/treat this problem: a, b, c, etc. Which would you prefer?

When using the *BC HealthGuide Handbook*

- You can find some additional helpful information in your *BC HealthGuide Handbook*.
- If you or any family member has similar symptoms or if you have any questions later, you can find some good advice in your *BC HealthGuide Handbook*.
- Between now and your next appointment, try the home treatment advice in your *BC HealthGuide Handbook*.
- We've covered a lot in our discussion. If you need to refresh your memory, you'll find good information in the *BC HealthGuide Handbook*.

When using Web or Telenursing Resources

- You can find more indepth information about treatment options for herniated disc at www.bchealthguide.org. After you review it, let's discuss potential treatments for your situation.
- If you have questions later about using the peak flow meter, feel free to call the BC NurseLine where one of the nurses can walk you through the procedure.

Partnership: Supporting Member Self-Care

from Healthwise Inc.

When it comes to health care visits, members often want the same things health professionals want – a knowledgeable physician, an informed patient, and honest, clear communication.

David Sobel, MD
Regional Director, Patient Education, Health Promotion
Kaiser, Northern California

What happens when patients are well prepared for an office visit?

- Patients are more satisfied with their care.[1]
- Providers are more satisfied with their work.[2]
- Health outcomes are significantly improved.[3]

Even with these powerful incentives, there are major barriers to increasing, patients' involvement in their own care. These barriers include the following:

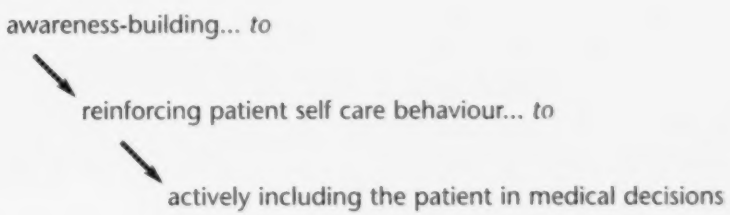
- The patient often lacks needed information.
- The provider is often under time pressure.
- Provider and patient agendas are not always the same.
- Changing the ways providers and patients talk to each other can seem an overwhelming task – to everyone involved.

The health care provider plays a pivotal role in increasing patient involvement in care: It is this role that is at the heart of the Healthwise Partnership Program. Patient-provider partnership is a relationship relying on mutual respect, a two-way flow of information and a belief that both patient and provider are needed for the practice of good medicine.

The clinic-based Partnership Program approaches patient self-care from the provider side by encouraging providers to support the self-care efforts of patients, including their use of the *BC HealthGuide Handbook*.

By adapting the program to their own needs and goals, participating health care providers encourage responsible patient actions in self-care, self-referral, visit preparation and decisions.

Levels of provider participation in supporting self-care generally fall along a continuum ranging from:


awareness-building... to
reinforcing patient self care behaviour... to
actively including the patient in medical decisions

The Healthwise® Partnership Program level of provider participation includes approaches and techniques for each.

Building Self-Care Awareness

Incorporates staff orientation about self-care and its role in health care delivery, concentrating on easy ways to acknowledge and endorse self-care.

Reinforcing Patient Self-Care Behaviour

Incorporates education about "Search and Support" techniques that have been used effectively by physicians, nurses, pharmacists and support staff to reinforce what patients are doing to take care of themselves.

Creating Partnerships

Incorporates orientation about medical consumerism, suggestions for identifying patients for whom shared decision-making is appropriate, and guidance for developing patient partnership.

[1] Bartlett, E.E., et al. "The Effects of Physician Communications Skills on Patient Satisfaction." *Journal of Chronic Disease*, 9/84

[2] Delbanco, T.L. "Enriching the Doctor-Patient Relationship by Inviting the Patient Perspective." *Annals of Internal Medicine*, 3192

[3] Greenfield, S., et al. "Expanding Patient Involvement in Care: Effects on Patient Outcomes." *Annals of Internal Medicine*. 10/85

Prescription Strength Information™ Content

from Healthwise Inc.

For 30 years, Healthwise® has called for a new consumer role in health care – a role in which the individual is informed and involved in making every decision. This new role means consumers:

- Think less like patients and more like partners.
- Have easy access to information about their medical options.
- Make their decisions with both information and wisdom.

There are two major changes going on in health care that make a compelling case for supporting this new patient-as-partner role.

- **The New Consumer:**
  New consumers in health care demand information, involvement, and choice. They not only want a choice of health plans and doctors, but also choice of treatment. If they don't get involvement and information – and the choice they want – they are willing to change their health plan, hospital or doctor to get it.

- **The New Science:**
  The new science, known as evidence-based medicine, is changing medical practice. Outcomes research conducted in every medical specialty is systematically revealing the risks and benefits of different treatments for the same condition. While doctors are finding more reasons to follow practice guidelines based on this research, the change from old practice styles remains slow. Giving patients the same evidence-based information as their doctors helps bring the new science into practice more quickly.

Today's patients take an active role in their health care in three ways:

1. **Self-Care**
   Eighty percent of health care problems are dealt with at home. For these problems, the quality of care depends 100% on consumer skill, knowledge and motivation. Using self-care handbooks for these problems has saved more than $100 per book over a two-year period.

2. **Shared Decision Making**
   Self-care alone is not enough. The new consumer wants to be an active partner in all medical decisions. It takes evidence-based medicine and a firm grasp of patient preferences to make the best medical decisions. When doctors and patients share both of these, quality goes up and costs go down.

3. **Self-Management of Medical Conditions**
   Effective management of chronic conditions, such as asthma, diabetes, etc., depends on regular—often daily—actions that individuals take to treat and manage their conditions. Patients with chronic conditions need education, tools and support in order to accept the role of self-management. This in turn leads to control over their conditions, a better quality of life and cost savings.

An Integrated Approach for Managing Demand

from Healthwise Inc.

Rising costs and consumer demand for services continue to challenge organizations responsible for delivering health care. To manage demand, organizations bring together a variety of strategies aimed at reducing both the **need** and **demand** for health care.

Reducing the need for care involves prevention, risk reduction and wellness programs.

Reducing demand results from helping people make better decisions and increasing their self-management of chronic conditions.

This approach works because it includes **three things people need to make better decisions**.

1. **Empowerment:**
   Healthwise programs empower people and reduce costs by helping people take an active role in self-care, medical decision making, and disease management. These programs begin by empowering people to take charge of minor health problems; as they gain experience, they are able to manage larger problems that invariably occur.
2. **Partnership:**
   Partnership occurs when people get support for their self-care efforts from their physicians and other health care professionals. Healthwise programs build health professional awareness for encouraging shared decision making, disease self-management, and supporting appropriate medical self-care.
3. **Information Therapy:**
   Many people want access to detailed medical information regarding their medical choices. The Healthwise Knowledgebase® Software and associated programs provide the in-depth information people need over the phone or online in British Columbia.

Healthwise publications, products and services enable organizations to implement successful and effective programs for managing demand to meet these goals:

1. Improve the quality of health care that people give and receive at home.
2. Strengthen the communication and partnership between patients and their health professionals.

3. Facilitate appropriate utilization, including reduction in unnecessary health care services.
4. Increase satisfaction.
5. Improve quality and health outcomes.

The Continuum of Self-Care to Shared Care

from Healthwise Inc.

Everybody practices self-care. We don't have a choice. When the flu strikes or a fever spikes, we're the first on the scene, and the problem affects us more than anyone else.

Simply stated, self-care is what people do to treat their own and their families' health problems without help from health professionals. Self-care ranges from rest and fluids for a cold, to managing asthma, to preparing for a hip replacement.

Self-care has long been an important part of health care. In 1747, John Wesley, founder of the Methodist Church, published a self-care book entitled *Primitive Remedies*. In 1819, Thomas Jefferson required all freshmen at the University of Virginia to enroll in a medical self-care course.

How are people doing with self-care today? Not too well. They don't feel very competent or educated about it, in part, because the level of self-care education has decreased over the last 30 years as our society has become more mobile and our families less connected.

For example, a young New Jersey couple doesn't know that you can use watch and wait for an otherwise healthy three-year-old who has a fever of 101°. Grandma lives in California and works full time, but if they asked her, she would say the same thing: "Just keep an eye on him and feed him Popsicles so he won't get dehydrated."

Because a whole generation of young parents is missing the support of *their* parents about basic self-care, the belief has grown that even minor symptoms need a doctor's care. The result is more costly health care for both consumers and employers.

The explosion of health information via the popular press, best-seller books, and the Internet confuses people even more. People are barraged with studies reporting new treatments, high-tech surgeries and the latest alternatives to mainstream medicine. So when faced with whether or not to have gallbladder surgery or try a new drug that prevents fatigue during cancer recovery, they are at a loss.

Healthwise® programs help people regain what they have lost – the information and skills to make wise health care decisions. These programs provide Healthwise® handbooks, the Healthwise Knowledgebase®, workshops, and online help – all restoring the consumer's confidence and competence.

With Healthwise® programs, people know when it really is necessary to call or see their doctors. And they learn how to effectively work with all health professionals when making decisions about serious health problems, such as a diagnosis of rheumatoid arthritis or effective medication for high blood pressure.

Health care delivered in the 21st century will be based on three concepts:

1. Patients are providers.
2. Providers are partners.
3. Patients and providers share information and decisions.

Self-Care to Shared-Care:

The role of patients is expanding. Patients need, want and demand equity in health care decision-making, whether on their own (self-care) or in partnership with their providers (shared-care).

Self-Care	Shared-Care
• simple problems	• more complex problems
• straightforward solutions	• solutions involve choices
• patient does most of the work	• both clinician and patient work
• clinician supports, reinforces patient	• clinician and patient share information

Annotated Bibliography

Baker, C., and Stern, P.N. 1993. Finding meaning in chronic illness as the key to self-care. ***Canadian Journal of Nursing Research*** **25(2):23-36.**
This paper reports on a grounded-theory study investigating the evolution of the readiness of individuals to self-manage a nonfatal chronic illness. The findings indicate that the major process in self-care readiness is finding meaning in chronic illness. This allows individuals to make sense of self-care teaching and to see themselves as self-care agents with some control over the course of their illness. To promote self-care, nurses should attend to the symbolic meaning the illness has for the individual.

Barofsky, I. 1978. Compliance, adherence and the therapeutic alliance: Steps in the development of self-care. ***Social Science and Medicine*** **12:369-76.**
From the early literature on self-care, this article explores several issues involved with the development of a therapeutic alliance between a patient and a health care provider. It identifies compliance, adherence and therapeutic alliance as comprising a continuum that varies in the degree to which a patient is active in making his or her own decisions about health. It points out that people become socialized as patients in the health care system and reviews five models of self-care to try to describe how this socialization occurs. Barofsky proposes that self-care is a form of self-control and is a primary outcome of any health care process and is not, as others suggest, an alternative model for providing health care. He identifies and describes four functions of self-care: to alleviate illness, to alleviate symptoms, to prevent disease and to regulate bodily processes. He describes a pilot program designed to promote a therapeutic alliance in which the patient and provider jointly author the medical record. He calls for more research to establish the efficacy of self-care.

Chang, B.L. 1980. Evaluation of health care professionals in facilitating self-care: Review of the literature and a conceptual model. ***Advances in Nursing Science*** **3(1):43-58.**
Although not a recent article, this is a valuable background document on self-care and the role of health professionals, especially nurses, in facilitating self-care. It provides a framework for evaluating health care professionals in self-care that includes three dimensions: patient and layperson characteristics, health care professional characteristics, and patient outcomes. In addition, it reviews literature that describes the self-care approach and various components and characteristics related to an individual's evaluation of care.

Dean, K. 1981. Self-care responses to illness: A selected review. *Social Science and Medicine* 15A:673-87.
This review by Dean provides another source of important background material about self-care responses to illness. According to the author, there was little knowledge at the time of writing about the range of lay reactions to illness and the factors that shape those reactions, despite self-care being the basic level of health care in all societies. A detailed literature review is provided that focuses on self-treatment in practice, the role of the family in self-care and self-medication. Dean calls for further investigation of the factors that influence self-care practices and stresses that studies should be designed with more uniform definitions of variables, especially definitions of self-care and self-medication.

Dean, K., and Kickbusch, I. 1995. Health related behaviour in health promotion: Utilizing the concept of self-care. *Health Promotion International* 10(1):35-40.
This article reviews the historical development of the concepts of health promotion and self-care. It explores the reasons why self-care has been relatively less accepted in the health field than health promotion. The authors conclude that self-care is the basic form of health care that determines health and well-being as well as the use of other forms and levels of care. In this way, it is linked with health promotion and optimizing health-related behaviours. They caution, however, that all levels and types of care determine the health and well-being of the population and that the interaction between the different components is important. It is not possible, therefore, to make clear distinctions between self-care, caring for others, preventive behaviour, services supporting self-care and lay care, and professional caring. Research priorities, such as studies of approaches for supporting and enhancing lay caring, are identified.

DeFriese, G.H., Woomert, A., Guild, P.A., Steckler, A.B., and Konrad, T.R. 1989. From activated patient to pacified activist: A study of the self-care movement in the United States. *Social Science and Medicine* 29:195-204.
This paper summarizes the history of the American self-care movement and describes the two schools of thought within the self-care field – namely, those who see self-care as a protection against increased medicalization of health and therefore separate from conventional health care and its providers, and those who view self-care by lay persons as an important adjuvant to customary health care provided by traditional health care professionals. It reports on a 1984 national survey of self-care educational programs and their curricula. Programs were reviewed in light of their typical instructional activities or purposes, their sponsors, the level of prevention emphasized in the self-care instruction, the basic

emphasis of the curriculum, the category of instructional personnel and examples of skills taught. The authors conclude that self-care has been absorbed into the mainstream of health care in the United States.

Ferguson, T. 1995. Consumer health informatics. *Health care Forum Journal* 38(1):28-33.
In this article, a six-step model of the resources consumers use when confronted with health problems is delineated. The steps include individual self-care, friends and family, self-help groups and networks, health professionals as facilitators, health professionals as partners and health professionals as authorities. The author describes a new field of medical computing, consumer health informatics, that supports consumers' desire to play an active role in their own health care. He provides several examples of such systems and explores how consumer health informatics is extending the reach of self-help groups. A map of health care is presented which highlights the changes from Industrial Age medicine to Information Age health care. The author points out that effective consumer health informatics systems will facilitate these changes.

Ferguson, T. 1996. *Health online*. New York: Addison-Wesley.
Health Online is a guide to online self-help communities and other useful online health resources presented in a user-friendly format. It delivers the message that, although information is important, it is "information shared in the context of community" that forms the basis of the emerging on-line support networks. The book is divided into three main sections. The first covers the basics of going online, how to get there and what the user can expect to find. The second section examines commercial computer networks, and the third describes some of the important groups, networks and information sources on the Internet, such as mailing lists, newsgroups and World Wide Web sites. The book concludes with a discussion of the use of the computer in the evolving information age of health care.

Gantz, S.B. 1990. Self-care: Perspectives from six disciplines. *Holistic Nursing Practice* 4(2):1-12.
This interesting article examines the self-care focus of intervention and study and the definitions typically used by six academic disciplines, namely medicine, nursing, psychology, health education, sociology and public health, as well as business administration and insurance. The author suggests that, although many related bodies of knowledge on self-care exist, there are few links among them. She identifies several characteristics related to the concept of self-care with which all disciplines agree.

Harvey, G. 1993. Éducation pour la santé: Modèle d'autogestion. Presenté au colloque: État de la recherche en éducation pour la santé. 61ème Congrès de L'ACFAS, May 1993, Rimouski, QC.
In this paper, the author suggests that self-management should be considered an intervention strategy for health promotion and health education. He traces the historical development of the concept and techniques of self-management, and proposes a model to explain how individuals can manage their own health. The principal steps involved in this model include the development of self-confidence that allows individuals to make decisions about their health, the development of self-knowledge that permits individuals to analyze their resources, and the ability to change behaviours and act on these decisions. According to Harvey, self-management as a health education strategy not only allows for transmission of knowledge, skill development and practice of newly acquired skills, but also permits individuals to participate in decision making.

Kemper, D.W., Lorig, K., and Mettler, M. 1993. The effectiveness of medical self-care interventions: A focus on self-initiated responses to symptoms. *Patient Education and Counselling* 21:29-39.
Another useful background document, this review summarizes studies describing the practice of medical self-care and studies that evaluate the impact of medical self-care interventions on self-initiated responses to symptoms. The authors conclude that self-care is a widespread phenomenon, that there is no evidence that self-care is detrimental and that education in self-care decision making and practices has significant effects on health care utilization and cost reductions.

Lorig, K., and Gonzalez, V. 1992. The integration of theory with practice: A 12-year case study. *Health Education Quarterly* 19:355-68.
The strength of this article lies in its description of the evolution of a community-based patient education program for people with arthritis from one that began with little sound grounding in theory to one with close links to theory. Although several reports have been published on different aspects of this education program, this article examines the historical development of the research. Of particular relevance to the current self-care study is the description of the research component that addresses ways to enhance a client's self-efficacy, including skill mastery, modeling, reinterpretation of physiological symptoms and persuasion.

McGowan, P., and Green, L.W. 1995. Arthritis self-management in native populations of British Columbia: An application of health promotion and participatory research principles in chronic disease control. *Canadian Journal on Aging* 14 (suppl. 1):201-12.
Guided by the PRECEDE/PROCEED model of health promotion planning and a participatory research approach, a study was conducted to adapt the Arthritis Self-Management Program to the culture, circumstances and social needs of a First Nations population. This paper describes various issues and problems in applying this approach, which combines both qualitative and quantitative methodologies. It examines outcomes such as quality of life, determinants of health that extend beyond medical and behavioural factors, and research design. Preliminary results are presented that demonstrate promising outcomes.

McWilliam, C.L., Brown, J.B., Carmichael, J.L., and Lehman, J.M. 1994. A new perspective on threatened autonomy in elderly persons: The disempowering process. *Social Science and Medicine* 38:327-38.
Interpretive research methodology was used to explore factors other than medical condition and treatment which contributed to the discharge experience of elderly persons. Findings reveal that a patient's mindset and sense of purpose contribute to autonomous behaviour and capacity for self-care. As well, the authors suggest that lack of purpose and a negative mindset combine with professional practice approaches to create a disempowering process. This process is illustrated by three cases that reflect different degrees of threatened autonomy. The authors conclude that health care professionals should adopt a patient-centred approach to care that addresses the elderly person's broader life context through consideration of such factors as mindset and sense of purpose in life.

Padula, C.A. 1992. Self-care and the elderly: Review and implications. *Public Health Nursing* 9:22-28.
This article provides an excellent review of the historical development and varying definitions of self-care. It points out that, despite the important role that self-care plays within the elderly population, there is a dearth of basic research on self-care and the elderly. The author identifies the need for increased interdisciplinary research and the sharing of ideas about self-care and calls for nurses to exert their influence in fostering self-care in practice, policy and research.

Perreault, R., and Malo, C. 1989. Self-care: A review of the literature. In *Knowledge development for health promotion: A call for action*, 127-34. Ottawa: Health and Welfare, Health Services and Promotion Branch.
Part of a collection of summaries of literature reviews and papers prepared as follow-up documents to Achieving Health for All: A Framework for Health Promotion (1986), this paper provides a synthesis of a literature review concerning self-care. It examines the nature of self-care and the decision-making processes involved. It outlines a variety of tools that support self-care, such as over-the-counter drugs, home testing, educational tools and computer applications. It summarizes evaluation studies of medical and general self-care, identifies gaps in knowledge and suggests implications for research and policy development. The article includes a page of highlights from the literature review.

Romeder, J-M. 1990. Personal health. In J-M. Romeder and collaborators, *The self-help way: Mutual aid and health*, 49-61. Ottawa: Canadian Council on Social Development.
This chapter proposes a person-centred health promotion model that focuses on the five basic resources available to an individual who is experiencing a health problem – oneself, others, professionals, information and the environment – and identifies the principal type of action associated with each resource. For the individual, the principal type of action is self-care. The article briefly explores the concept of self-care and relates it to a concept of personal health in which an individual makes the best possible use of the five basic resources identified above.

Stewart, M.J., Banks, J., Crossman, D., and Poel, D. 1995. Health professionals' perceptions of partnership with self-help groups. *Canadian Journal of Public Health* 86:340-44.
This article describes a qualitative study that identifies the mechanisms and meanings of lay-professional partnerships from the perspective of health professionals. Based in Nova Scotia, the research was guided by the following five questions: (1) What are the roles that professionals and members have in relation to self-help groups? (2) What is the relationship between self-help groups and health professionals? (3) What are the characteristics of partnerships? (4) What are the barriers to partnerships? (5) What are the strategies for achieving partnerships? The study concludes that characteristics of effective partnerships include equality, flexibility, decreased professional control, mutual understanding and shared goals. The article discusses both barriers to partnerships (e.g., poor communication, negative attitude, role ambiguity, limits of the health care system and ideological conflicts) and mechanisms for achieving partnerships (e.g., education, self-help clearinghouses,

and role and goal clarification). Of the 47 health professionals interviewed, 85% viewed partnerships with self-help groups to be advantageous.

Vickery, D.M., and Iverson, D.C. 1994. Medical self-care and use of the medical care system. In *Health promotion in the workplace* ed. M.P. O'Donnell and J.S. Harris, 367-89. Albany, NY: Delmar. In this chapter, the authors examine the concepts of health self-care and medical self-care. Medical self-care refers to actions concerning medical problems, whereas health self-care involves actions aimed at maintaining or improving health. They then focus more specifically on medical decisions and how they are made. They classify medical self-care interventions and programs according to three strategies used to encourage self-care behaviours: providing information and enhancing skills, assertiveness training and incentives. For example, a program such as Options and Choices provides information and instruction as part of a telephone-based counseling system and is classified under providing information and enhancing skills. The authors describe several other American programs that illustrate these approaches and include evaluations of these programs.